

ADMINISTRATIVE OFFICE OF THE TRIAL COURT

REQUEST FOR RECORD RETRIEVAL

DATE _____

COURT _____

REQUESTER'S NAME _____

REQUESTER'S ADDRESS _____

(Note: Original records may be sent only to the legal custodian of the records.)

RECORD TYPE _____

YEAR FILED _____

FILE NO. _____

BOX NO. _____

NAME ON FILE _____

(After use please return via certified mail to the Records Management Coordinator, Planning & Development Department, Administrative Office of the Trial Court, Two Center Plaza, Boston 02108.)

Records Center Use Only

CENTER _____

SYSTEM NO. _____

LOCATION _____

RECORD AVAILABLE? YES _____ NO _____

STAFF SIGNATURE _____